

Name
in
Full

Still Born Infant Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Big Woods</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	1908	Month	Dec	Day	3
Age		Years		Months	Days
Sex	Female	Color or Race	Black	Birth-place	Kent Co Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Elsworth Bowers			Father's Birthplace	Md
Mother's Maiden Name	Amelia Smith			Mother's Birthplace	Md
Name of person giving information	Elsworth Bowers			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still birth</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>G. Iront Bowers</u>
		Address	<u>Kennedysville Md</u>
Accident or Suicide?			

Big Woods

Name
in
Full

Francis Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

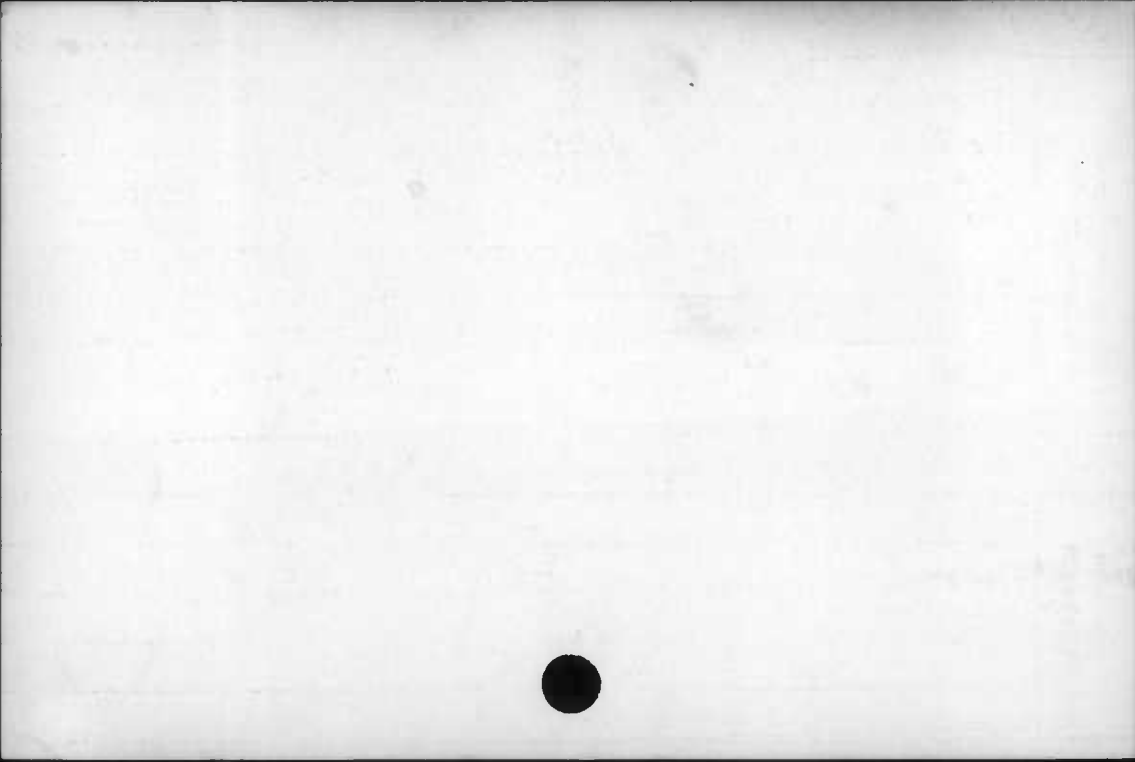
Died at		Town <i>Galena</i>		County <i>Hent.</i>		MARYLAND	
Date of death	1908	Month <i>12</i>	Day <i>1</i>	Age Years	Months		Days <i>9</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Maryland.</i>
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed			Name of Wife or Husband <i>—</i>				
Father's Name				<i>Lafayette Briscoe</i>			
Mother's Maiden Name				<i>Margaret Anderson</i>			
Name of person giving In formation				<i>Lafayette Briscoe</i>			
Father's Birthplace				<i>Maryland</i>			
Mother's Birthplace				<i>Maryland</i>			
How related to deceased				<i>Father</i>			

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<i>Unbilical Hemorrhage</i>	How long	<i>15 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>Geo. R. Jones M.D.</i>	
		Address	
		<i>Galena</i>	
		<i>md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i> Town		County <i>Kent</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Dec</i>	Day <i>16</i>	Age <i>74</i> Years	Months <i>7</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Kent Co Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James A. Burgess</i>				
Father's Name <i>W. H. Humphreys</i>	Father's Birthplace <i>Kent Co</i>				
Mother's Maiden Name <i>Martina Humphreys</i>	Mother's Birthplace <i>Kent Co</i>				
Name of person giving information <i>H. J. Burgess</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Schwartz</i>
	Address <i>Rock Hall Kent Co Maryland</i>
Accident or Suicide? <i>no</i>	

Chas L Dodd

St Pauls

County

Name
in
Full

Ester Deedelman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death 1908	^{Month} <i>Dec</i>	^{Day} <i>7</i>	^{Years} <i>1</i>	^{Months} <i>4</i>	^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Louis Deedelman</i>		Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Mollie Deedelman</i>		Mother's Birthplace <i>Russia</i>			
Name of person giving Information <i>Mother</i>		How related to deceased			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Injury to spine by fall</i>	How long <i>About a year ago.</i>
Immediate <i>Meningitis</i>	How long <i>3 or 4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>A. Benge Simpson</i>
<i>Child dead when I was sent for -</i>	Address <i>Chestertown</i>
Accident or Suicide <i>No.</i>	

LD

Name
in
Full

George B Demby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Chesutown* ^{County} *Kent* **MARYLAND**

Date of death 190 *8* Month *Dec* Day *4* Age *16* Years Months *10* Days

Sex *Male* Color or Race *Col* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Isaac Demby* Father's Birthplace *MD*

Mother's Maiden Name *Emma Groves* Mother's Birthplace *MD*

Name of person giving Information *Henry Miller* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

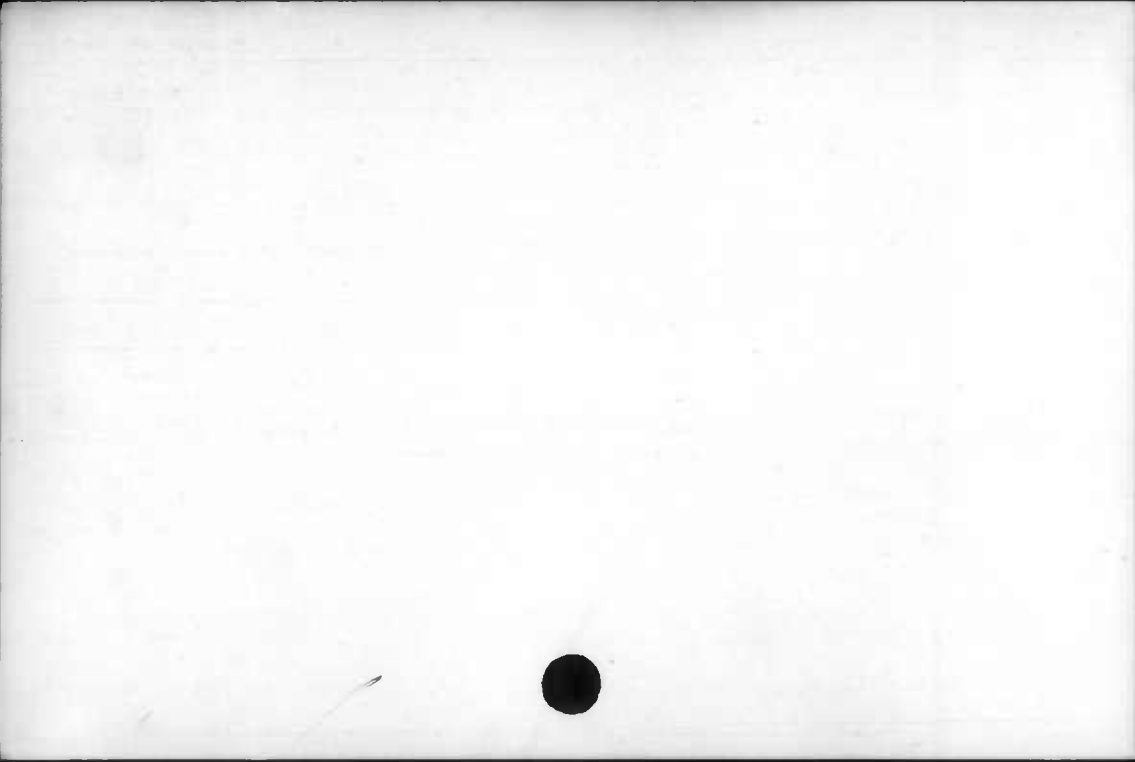
Primary *Acute Inter colosis* 27 How long *6 months about*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. H. Simpson*

Address *Chesutown*

Accident or Suicide *No*



Name
in
Full

Raymond Samuel Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

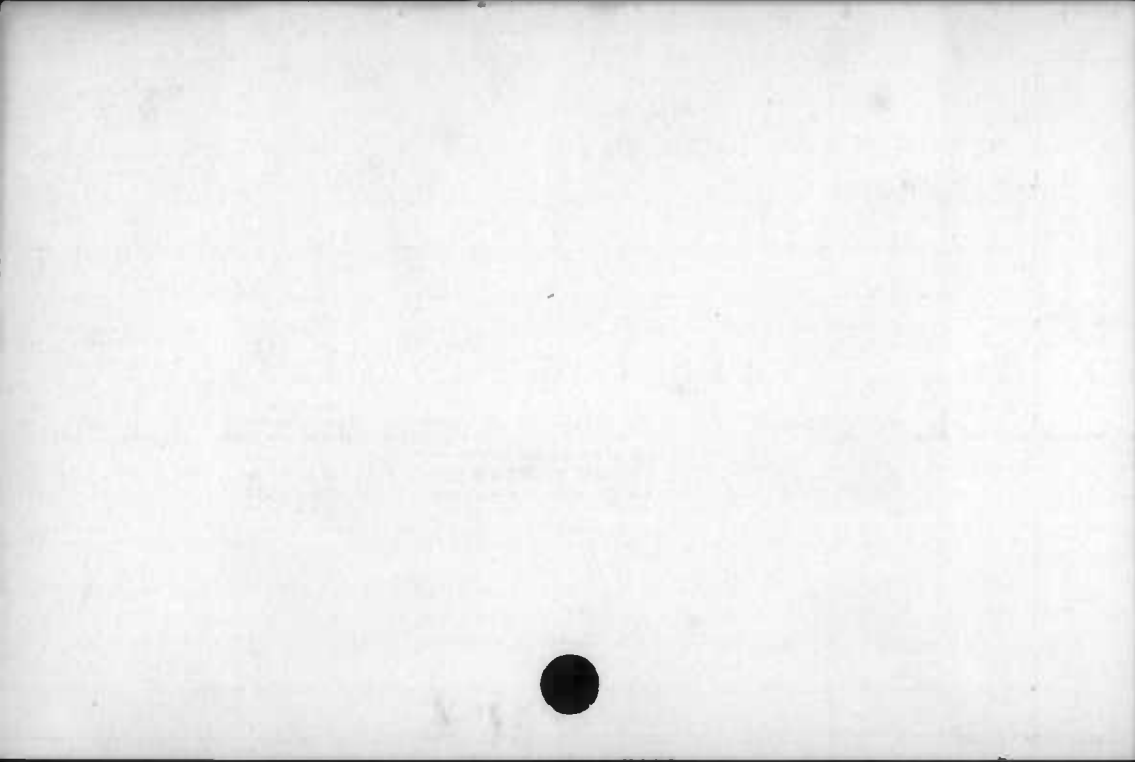
Died at <i>Easter Neck Island</i>		Town <i>Island</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Dec</i>	Day <i>25-</i>	Age <i>19</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Water man</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Thomas Ford</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Mary H Moore</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>J A Murther</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter J. Kelly M.D.</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	



Name
Full

Harry Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	1908	Month	24	Day	24
Sex	Male	Color or Race	Colored	Age	69
Occupation	Laborer	Where Residing if not at place of death	Kent Co	Birth-place	Kent Co
Married, Single or Widowed	Widowed	Name of Wife or Husband	Agnes Freeman		
Father's Name	Harry Hamilton	Father's Birthplace	Kent Co		
Mother's Maiden Name	Hannah Harry	Mother's Birthplace	Kent Co		
Name of person giving information	Mattha Davis	How related to deceased	Daughter		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Several yrs.
Immediate	Uremia	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Francis B. Hines
	no	Address	Chestertown
Accident or Suicide?	no		no.

This man's wife still living - That is he called
her wife, but whether married I dont know. Above is
her name as given to me.

J. B. Hines.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mar* ^{Town} *Millington* ^{County} *Kent* **MARYLAND**

Date of death 190 *8* Month *12* Day *11* Age *—* Years *—* Months *—* Days *21*

Sex *Male* Color or Race *Black* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

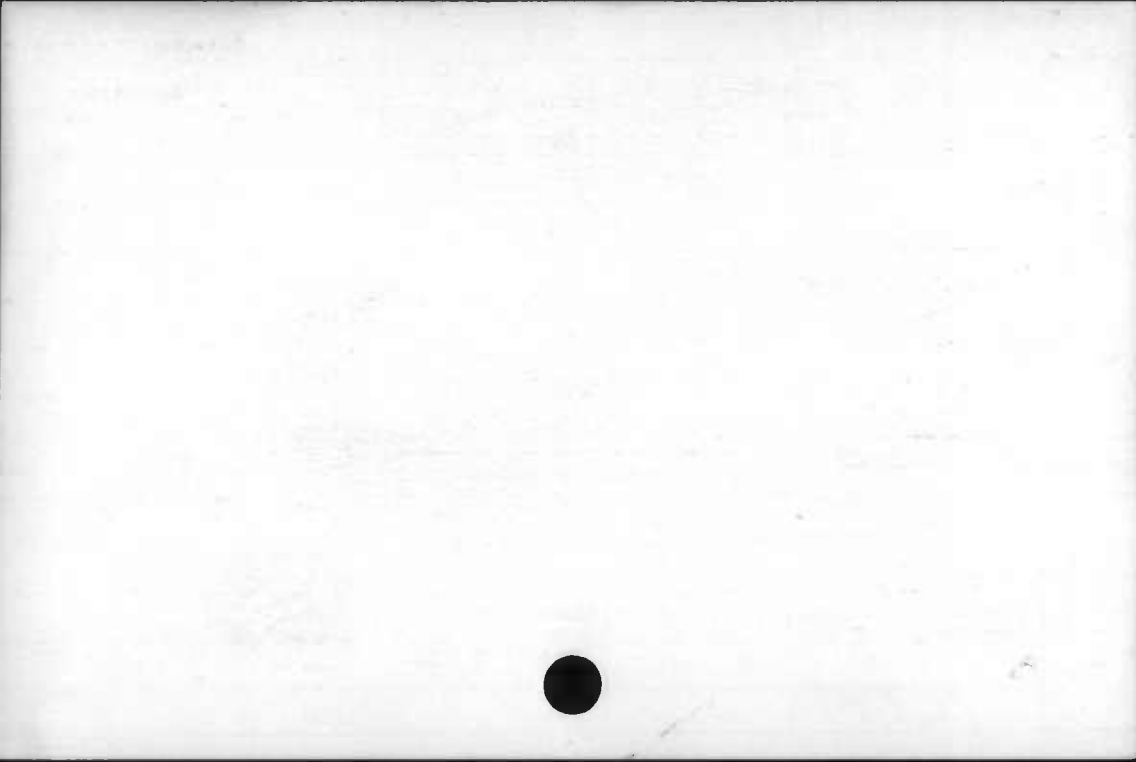
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Lucy Leiby

Town

Worton Point

County

Kent.

MARYLAND

Died at

Date

of death 1908

Month

Dec.

Day

7

Age

Years

31

Months

Days

Sex

Female

Color or
Race

Black,

Birth-
place

Kent Co md.

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Bejamin Leiby

Father's
Name

Noah Phillips

Father's
Birthplace

Kent Co md.

Mother's
Maiden Name

Clara Barroll

Mother's
Birthplace

Kent Co md.

Name of person giving
In formation

Bejamin Leiby

How related
to deceased

Husband

CAUSES OF DEATH

137

How long

Primary

~~Disseminated~~ Misanthropy

How long

2 Weeks

Immediate

Septic Form

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C. W. Wheland M.D.
Chester town md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Thomas Messer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>near Galena</u> <small>Town</small>			<u>Kent</u> <small>County</small>		MARYLAND	
	Date of death <u>1908</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>20</u>		Age <u>70</u> <small>Years</small> <u>about</u> <small>Months</small>		Days		
	Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Kent Co.</u>		
	Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>				
	Married, <u>Single</u> or Widowed		Name of Wife or <u>Laura Scott</u> Husband				
	Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>				
PHYSICIAN OR CORONER	Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>				
	Name of person giving information		How related to deceased				
	CAUSES OF DEATH						
	Primary <u>Cerebral hemorrhage</u>		How long <u>5 days</u>				
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Edward H. Scott</u>		Address <u>Galena, Md.</u>			
Accident or Suicide? <u>No</u>							



Name
in
Full

William S Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lynch Town Kent County

MARYLAND

Date of death 1908 Month Dec Day 12 Age 64 Years Months 8 Days —

Sex Male Color or Race White Birth-place md

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Hannah Melvin

Father's Name John F Melvin Father's Birthplace md

Mother's Maiden Name Hester Tharp Mother's Birthplace md Del.

Name of person giving Information Mrs Melvin How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis 90 How long two weeks

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician W.S. Maxwell.

Address Still Pond, Md.

Accident or Suicide

Still Pond

Name
In
Full

Bailey Moffett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bluestown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND								
Date of death	1908	Month	Dec.	Day	19	Age	41	Years	9	Months	22	Days
Sex	Male		Color or Race	White		Birthplace	Kent Co. Md.					
Occupation	Florist		Where Residing if not at place of death		Bluestown							
Married, Single or Widowed	Single		Name of Wife or Husband		Sally V. Cunningham							
Father's Name	Jeremiah Moffett					Father's Birthplace	Kent Co. Md.					
Mother's Maiden Name	Annie J. J. J. J.					Mother's Birthplace	Unknown					
Name of person giving information	Sally V. Moffett					How related to deceased	Wife					

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary	<u>Leptotitis</u>	How long	<u>3 or 4 years</u>
Immediate	<u>Uraemia</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Edward A. Scott</u>	
Address		<u>Galena, Md.</u>	
Accident or Suicide?		<u>No</u>	



Name
in
Full

Benjamin Seneey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Worton ^{Town} Point ^{County} Kent **MARYLAND**

Date of death 1908 ^{Month} Dec ^{Day} 29 Age ^{Years} 58 ^{Months} 0 ^{Days} 0

Sex Male Color or Race Col Birth-place Ind

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Huaband Lizzie Phillips

Father's Name Arthur Seneey Father's Birthplace Ind

Mother's Maiden Name Rebecca Rozier Mother's Birthplace Ind

Name of person giving Information Alex Gomezys How related to deceased None

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis ^{How long} About 6 months

Immediate Exhaustion ^{How long} 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. G. Thompson

Address Blue An town

Accident or Suicide No

Worlow Point
Church

Cemetery

Charles Dodd ●

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Morrill Scurry

Town

County

MARYLAND

Died at Chesterville

Kent

Date

of death 1908

Month

Dec

Day

27

Age

Years

—

Months

4

Days

—

Sex

Male

Color or
Race

Black

Birth-
place

Chesterville

Occupation

Child

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Unknown

Father's
Birthplace

—

Mother's
Maiden Name

Agnes Scurry

Mother's
Birthplace

Kent Co.

Name of person giving
Information

Thomas Scurry

How related
to deceased

Grandfather

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

4 Weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. P. Townsman M.D.
Wellington
Md.

Accident or Suicide

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Julia Mary E. Shahan*
 Died at *Millington* Town *Reub.* County

MARYLAND

Date of death *1908* Month *Dec* Day *16* Age *64* Years Months *8* Days *25*

Sex *Female* Color or Race *White* Birth-place *Sudlersville*

Occupation *Housework* Where Residing if not at place of death *At home*

Married, Single or Widowed *Widow* Name of Wife or Husband *E. Shahan*

Father's Name *Cornelius Comegys* Father's Birthplace *Greenland Co.*

Mother's Maiden Name *Mary Seckler* Mother's Birthplace *Queen Anne Co.*

Name of person giving information *Mr. Sarah Hall* How related to deceased *Daughter*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

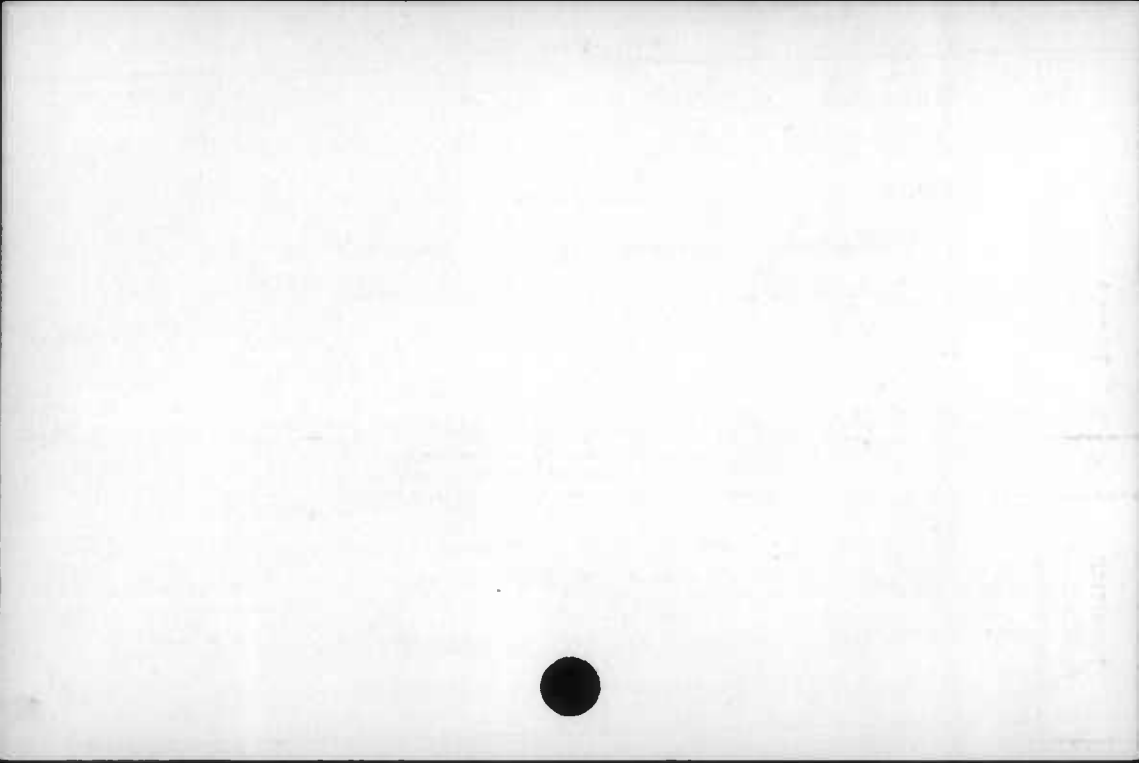
Primary *Tuberculosis* How long *10 years*

Immediate *Gastritis & Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. P. Gorman MD*

Address *Millington Md*

Accident or Suicide?



Name
in
Full

Thomas J. Shallcross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Locust Grove ^{County} Kent MARYLAND

Date of death 1908 ^{Month} Dec ^{Day} 29 Age ^{Years} 80 ^{Months} 3 ^{Days} —

Sex Male Color or Race White Birth-place Penna

Occupation Retired farmer Where Residing if not at place of death Betterton Md

Married, Single or Widowed married Name of Wife or Husband Bertha Goodding

Father's Name Jacob Shallcross Father's Birthplace Pa

Mother's Maiden Name Margaret Fox Mother's Birthplace Pa

Name of person giving Information Thomas Shallcross How related to deceased Son

CAUSES OF DEATH

104

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address



J. H. Montague
Physician, Md.

Accident or Suicide

Salvage

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gratiot</i>		Town <i>Gratiot</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>December</i>		Day <i>13</i>		Years <i>74</i>	
				Months <i>10</i>		Days <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co.</i>			
Occupation <i>Private Citizen</i>		Where Residing if not at place of death <i>Gratiot</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Saira C. Silden</i>					
Father's Name <i>John Thomas</i>		Father's Birthplace <i>Kent Co.</i>					
Mother's Maiden Name <i>Harriett M. Strong</i>		Mother's Birthplace <i>Idaho</i>					
Name of person giving information <i>G. Hines Thomas</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>3 Months</i>
Immediate <i>Peritonitis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter O. Selby M.D.</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	

Mr Evan Thomas -
burial at St Pauls

Chas L Dodd

Name
in
Full

Mary E. Toulson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Syneth Town Kent County MARYLAND

Date of death 1908 Month Dec Day 30 Age 79 Years 9 Months — Days —

Sex Female Color or Race White Birth-place Ind

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband John A. Toulson

Father's Name John Sapp Father's Birthplace Pa

Mother's Maiden Name Mary W. Pierce Mother's Birthplace Del

Name of person giving Information Robie Toulson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis How long 3 months

Immediate Heart-failure. How long —

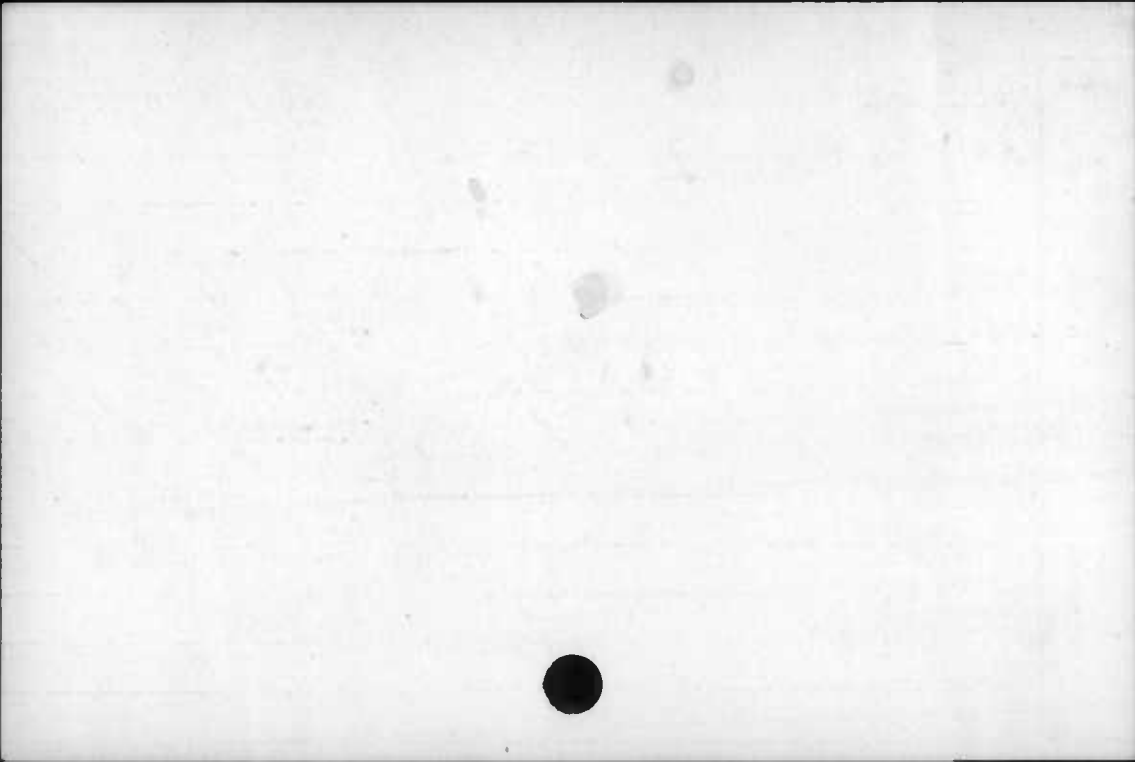
Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician W. S. Maywell,

Address Still Pond, Md.

Accident or Suicide —

Union Cemetery

Name in Full		Bradford Abner Causant				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Galena		County Kent.		MARYLAND
	Date of death		1908	Month 12	Day 22	Age	Months 7
	Sex		Male		Color or Race		White
	Occupation		none		Birth-place		Maryland.
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband				
	Fether's Name		Andrew M. Causant.		Father's Birthplace		Ind.
	Mother's Meiden Name		Lertunde Boyd.		Mother's Birthplace		Ind.
Name of person giving In formation		Joseph Boyd.		How related to deceased		Uncle	
<div>CAUSES OF DEATH</div> <div>179</div>							
PHYSICIAN OR CORONER	Primary		Marasmus		How long		7 mos.
	Immediate		Exhaustion		How long		36 hours.
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Geo R. Jones M.D.
					Address		Galena.
							Ind.
Accident or Suicide?							



Name
in
Full

Still Born

Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Lynch ^{County} Kent **MARYLAND**

Date of death ^{Month} Dec ^{Day} 7 ^{Year} 1908 Age — Months — Days —

Sex Male Color or Race Black Birthplace Ind

Occupation — Where Residing if not at place of death —

~~Married~~ Single
~~or Widowed~~Name of Wife or
HuabandFather's
Name

Hirin Wallace

Father's
Birthplace

Ind

Mother's
Maiden Name

Lydia Dorsey

Mother's
Birthplace

Ind

Name of person giving
Information

Clarence Dorsey

How related
to deceased

Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

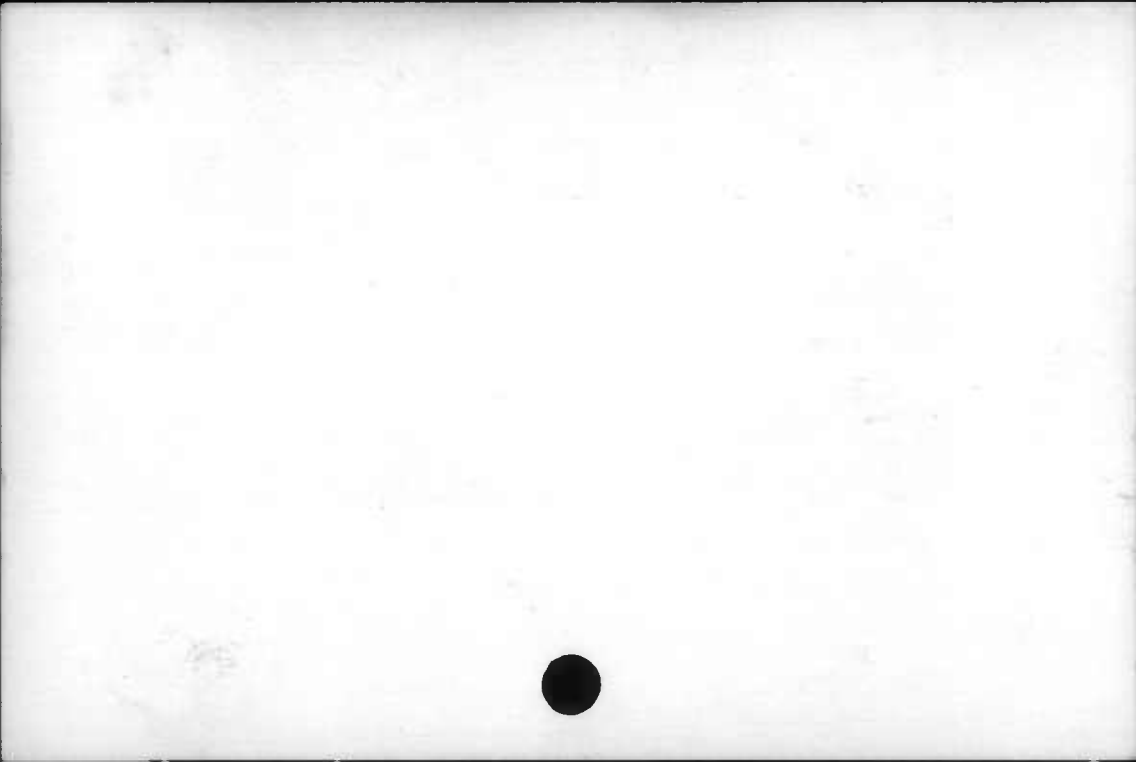
Signature of
Physician

W.S. Maywell.

Address

Still Pond, Md.

Accident or Suicide



Name
in
Full

Rutie Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Lynch</u>		County <u>Hunt</u>		MARYLAND	
Date of death	1908	Month	Dec 1	Day	14
Age	2	Years	2	Months	2
Sex	female	Color or Race	Black	Birth-place	md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Fletcher A. Wilmer	Father's Birthplace			
Mother's Maiden Name	Sadie Hance	Mother's Birthplace			
Name of person giving Information	Fletcher Wilmer	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Murder	How long	179 year
Immediate	Exhaustion	How long	11
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jas. W. Urie M.D.
Address			Kennedyville md
Accident or Suicide			md

Still Pond